



IDAHO DEPARTMENT OF
HEALTH & WELFARE

JAMES E. RISCH – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T. – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

November 14, 2006

Trista Wolfe, Administrator
Quaker Ridge
3749 Quaker Ridge Dr
Meridian, ID 83642

FILE COPY

License #: RC-563

Dear Ms. Wolfe:

On August 9, 2006, a complaint investigation, follow-up/revisit survey was conducted at Quaker Ridge. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Debbie Sholley, LSW, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

DEBBIE SHOLLEY, LSW
Team Leader
Health Facility Surveyor
Residential Community Care Program

DS/slc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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August 21, 2006

FILE COPY

Trista Wolfe, Administrator
Quaker Ridge
3749 Quaker Ridge Dr
Meridian, ID 83642

Dear Ms. Wolfe:

On August 9, 2006, a follow-up visit to the standard health care survey of June 8, 2006, was conducted at Quaker Ridge. The core issue deficiencies issued as a result of the June 8, 2006, survey have been corrected.

Please bear in mind that non-core issue deficiencies were identified on the Punch List, a copy of which was reviewed and left with you during the exit conference. The completed Punch List form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by September 8, 2006.

Should you have questions, please contact me at (208) 334-6626.

Sincerely,

JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Community Care Program

JS/slc

c: Marilyn Kelseth, RN Manager, Regional Medicaid Services, Region IV – DHW
Debra Ransom, R.N., R.H.I.T., Chief, Bureau of Facility Standards



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ASSISTEL LIVING
Non-Core Issues
Punch List

Facility Name <u>Quaker Ridge</u>	Physical Address <u>3749 Quaker Ridge DR</u>	Phone Number <u>895-8819</u>
Administrator <u>Trista Wolfe</u>	City <u>Meridian ID</u>	ZIP Code <u>83642</u>
Survey Team Leader <u>D. Sholley</u>	Survey Type <u>F/U</u>	Survey Date <u>8-7-06</u>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
#1	16.03.22.305.06	The facility nurse did not assess a resident that was participating in a self-administered medication program. I.E. sliding scale and scheduled insulin.	8-7-06
#2	16.03.22.305.02	1 of 1 client did not contain current medication orders. Resident #1, and nurse documented all orders were current.	
#3	16.03.22.711.11	not all missed or refused medications were documented to why the medications were missed. Resident #1	
#4	16.03.22.300.01	The RN did not visit the facility when Resident #3 had a change of condition I.E. low Blood sugars on 8/4/06, 8/5/06 and 8/7/06, and a high Blood sugar on 7/25/06.	
#5	16.03.22.300.02	The facility nurse did not review new orders prescribed by the resident's health care provider.	
#6	16.03.22.305.01	The facility nurse did not conduct a nursing assessment of Resident's #3's response to medications.	

Response Required Date

9-7-06

Signature of Facility Representative

Trista Wolfe



ASSISTEL LIVING Non-Core Issues Punch List

Facility Name	Physical Address	Phone Number
Quaker Ridge	3749 Quaker Ridge DR	895-8819
Administrator	City	ZIP Code
Trista Wolfe	Meridian ID	83642
Survey Team Leader	Survey Type	Survey Date
D. Shollex	F/C	8-7-06

[illegible]

Signature of Facility Representative

9-706

John W. Wolfe